



PATENT  
450100-03085

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Eiji KAWAI  
Serial No. : 09/819,210  
For : SALES ACTIVITY MANAGEMENT SYSTEM,  
SALES ACTIVITY MANAGEMENT  
APPARATUS, AND SALES ACTIVITY  
MANAGEMENT METHOD  
Filed : March 28, 2001  
Examiner : Vig, Naresh  
Art Unit : 3629

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with  
the United States Postal Service as first class mail in an envelope  
addressed to: Assistant Commissioner for Patents, Box AF,  
Washington, DC 20231, on March 3, 2003

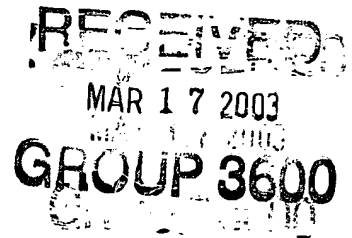
Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

*Gordon Kessler*  
Signature

March 3, 2003

Date of Signature



**AMENDMENT AFTER FINAL**

Assistant Commissioner for Patents  
**BOX AF**  
Washington, D.C. 20231

Dear Sir:

In response to the outstanding Final Office Action dated December 3, 2002,  
please amend this application as follows:



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Art Unit : 3629

745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

**Claims as Amended**

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	25	Minus	** =26	* 0 x	\$18 (9)	= \$ 0
Independent claims	3	Minus	*** =4	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee, or Registered Representative

*Gordon Kessler*  
Signature  
March 3, 2003

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

*Gordon Kessler*  
Gordon Kessler  
Reg. No. 38,511  
Tel: 212-588-0800